

State/Territory: Texas

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): Pregnant Women, Children,
Caretaker Relative

1. Inpatient hospital services other than those provided in an institution for mental diseases.

☒ Provided: ☐ No limitations ☒ With limitations*

- 2.a. Outpatient hospital services.

☒ Provided: ☐ No limitations ☒ With limitations*

- b. Rural health clinic services and other ambulatory services furnished by a rural health clinic and covered under the Plan.

☒ Provided: ☐ No limitations ☒ With limitations*

- c. Federally qualified health center (FQHC) services and other ambulatory services that are covered under the plan and furnished by an FQHC in accordance with section 4231 of the State Medicaid Manual (HCFA-Pub. 45-4).

☒ Provided: ☐ No limitations ☒ With limitations*

3. Other laboratory and X-ray services.

☒ Provided: ☒ No limitations ☐ With limitations*

- 4.a. Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older.

☒ Provided: ☐ No limitations ☒ With limitations*

- b. Early and periodic screening, diagnostic and treatment services for individuals under 21 years of age, and treatment of conditions found.

☒ Provided ☐ Not provided

- c. Family planning services and supplies for individuals of childbearing age.

☒ Provided: ☐ No limitations ☒ With limitations*

*Description provided on attachment.

TN No. 92-05 Approval Date MAR 13 1992 Effective Date JAN 01 1992
Supersedes 91-84
TN No. 91-84

HCFA ID: 7986E

STATE <u>Texas</u>	A
DATE REC'D <u>MAR 02 1992</u>	
DATE APP'D <u>MAR 13 1992</u>	
DATE EFF <u>JAN 01 1992</u>	
HCFA 177 <u>92-05</u>	

Revision: HCFA-PM-93-5 (MB)
MAY 1993

ATTACHMENT 3.1-B
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OMB NO:

State/Territory: Texas

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED MEDICALLY NEEDY
GROUP(s): Pregnant Women, Children, Caretaker Relative

5.a. Physicians' services, whether furnished in the office, the patient's home, a hospital, a nursing facility, or elsewhere.

Provided: No limitations XXX With limitations*

b. Medical and surgical services furnished by a dentist (in accordance with section 1905(a)(5)(B) of the Act).

Provided: No limitations XX With limitations:

STATE <u>Texas</u>	A
DATE REC'D <u>JUN 30 1993</u>	
DATE APP'D <u>AUG 06 1993</u>	
DATE EFF <u>APR 01 1993</u>	
HCFA 179 <u>93-18</u>	

*Description provided on attachment.

TN No. 93-18
Superseded by 93-01 Approval Date AUG 06 1993 Effective Date APR 01 1993
TN No. 93-01

State/Territory: Texas

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): _____

6. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law.

a. Podiatrists' Services

XX/ Provided: / No limitations XX/ With limitations*

b. Optometrists' Services

XX/ Provided: / No limitations XX/ With limitations*

c. Chiropractors' Services

XX/ Provided: / No limitations XX/ With limitations*

d. Other Practitioners' Services

XX/ Provided: / No limitations XX/ With limitations*

7. Home Health Services

- a. Intermittent or part-time nursing service provided by a home health agency or by a registered nurse when no home health agency exists in the area.

XX/ Provided: / No limitations XX/ With limitations*
*PA

- b. Home health aide services provided by a home health agency.

XX/ Provided: / No limitations XX/ With limitations*
*PA

- c. Medical supplies, equipment, and appliances suitable for use in the home.

XX/ Provided: / No limitations XX/ With limitations*
*PA

- d. Physical therapy, occupational therapy, or speech pathology and audiology services provided by a home health agency or medical rehabilitation facility.

XX/ Provided: / No limitations XX/ With limitations*
*PA

*Description provided on attachment.

TN No. 92-18
Supersedes
TN No. 91-01

Approval Date

JUN 17 1992

Effective Date

MAY -1 1992

STATE Texas

DATE REC'D MAY 20 1992

DATE APP'D JUN 17 1992

DATE EFF MAY -1 1992

HCFA ID: 0140P/0102A

A

State/Territory: Texas

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED TO
MEDICALLY NEEDY GROUP(S): Pregnant Women, Children,
Caretaker Relatives

8. Private duty nursing services.

☐ Provided: ☐ No limitations ☐ With limitations*

9. Clinic services.

☒ Provided: ☐ No limitations ☒ With limitations*

10. Dental services.

☐ Provided: ☐ No limitations ☐ With limitations*

11. Physical therapy and related services.

a. Physical therapy.

☒ Provided: ☐ No limitations ☒ With limitations*

b. Occupational therapy.

☐ Provided: ☐ No limitations ☐ With limitations*

Services for individuals with speech, hearing, and language disorders provided by or under supervision of a speech pathologist or audiologist.

☐ Provided: ☐ No limitations ☐ With limitations*

Prescribed drugs, dentures, and prosthetic devices; and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist.

a. Prescribed drugs.

☒ Provided: ☐ No limitations ☒ With limitations*

b. Dentures.

☐ Provided: ☐ No limitations ☐ With limitations*

*Description provided on attachment.

TN No. 90-06
Supersedes 88-11 Approval Date 6-1-90 Effective Date 1-1-90
TN No. 88-11 HCFA ID: 0140P/0102A

STATE	<u>Texas</u>
DATE REC'D	<u>2-23-90</u>
DATE APP'D	<u>6-1-90</u>
DATE EFF	<u>1-1-90</u>
HCFA 179	<u>90-06</u>

State/Territory: Texas

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): Pregnant Women, Children, Caretaker Providers

c. Prosthetic devices.

XX Provided: No limitations XX With limitations*

d. Eyeglasses.

XX Provided: No limitations XX With limitations*

13. Other diagnostic, screening, preventive, and rehabilitative services, i.e., other than those provided elsewhere in this plan.

a. Diagnostic services.

 Provided: No limitations With limitations*
XX Not provided.

b. Screening services.

 Provided: No limitations With limitations*

c. Preventive services.

 Provided: No limitations With limitations*

d. Rehabilitative services.

XX Provided: No limitations With limitations*

14. Services for individuals age 65 or older in institutions for mental diseases.

a. Inpatient hospital services.

XX Provided: No limitations With limitations*

b. Nursing facility services.

 Provided: No limitations With limitations*

*Description provided on attachment.

STATE	<u>Texas</u>	A
DATE RECD	<u>10-26-99</u>	
DATE PAID	<u>12-1-99</u>	
DATE	<u>10-1-99</u>	
HCFA ID#	<u>99-09</u>	

98-08

State/Territory: Texas

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): Pregnant Women, Children, Caretaker Relat

Relatives

15. Services in an intermediate care facility for the mentally retarded, as defined in section 1903(d), (other than in an institution for mental diseases) for individuals who are determined, in accordance with section 1902(a)(31)(A), to be in need of such care.
☒ Provided: ☐ No limitations ☒ With limitations*
16. Inpatient psychiatric facility services for individuals under 22 years of age.
☐ Provided: ☐ No limitations ☐ With limitations*
17. Nurse-midwife services.
☒ Provided: ☐ No limitations ☒ With limitations*
18. Nephew care (in accordance with section 1903(e) of the Act).
☒ Provided: ☐ No limitations ☒ With limitations*

*Description provided on attachment.

TH No. 90-30
Supersedes
TH No. 88-5

Approval Date MAR 28 1991

Effective OCT - 1 1990

STATE <u>Texas</u>	A
DATE REC'D <u>DEC 31 1990</u>	
DATE APP'D <u>MAR 28 1991</u>	
DATE EFF <u>OCT - 1 1990</u>	
HCFA 179 <u>90-30</u>	

State/Territory: TEXAS

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): PREGNANT WOMEN,
CHILDREN, CARETAKER RELATIVES

19. Case management services and Tuberculosis related services

- a. Case management services as defined in, and to the group specified in, Supplement 1 to ATTACHMENT 3.1-A (in accordance with section 1905(a)(19) or section 1915(g) of the Act).

X Provided: X With limitations*

 Not provided.

- b. Special tuberculosis (TB) related services under section 1902(z)(2)(F) of the Act.

 Provided: With limitations*

X Not provided.

20. Extended services for pregnant women.

- a. Pregnancy-related and postpartum services for a 60-day period after the pregnancy ends and for any remaining days in the month in which the 60th day falls.

X Provided: Additional coverage ⁺⁺

- b. Services for any other medical conditions that may complicate pregnancy.

X Provided: Additional coverage ⁺⁺ Not provided.

21. Certified pediatric or family nurse practitioners' services.

X Provided: No limitations X With limitations*

 Not provided.

+ Attached is a list of major categories of services (e.g., inpatient hospital, physician, etc.) and limitations on them, if any, that are available as pregnancy-related services or services for any other medical condition that may complicate pregnancy.

++ Attached is a description of increases in covered services beyond limitations for all groups described in this attachment and/or any additional services provided to pregnant women only.

*Description provided on attachment.

TN No. 97-04

Supersedes 91-34

TN No. 91-34

Approval Date 06/18/97

Effective Date 04/01/97

STATE	<u>Texas</u>	A
DATE TOCD	<u>06-09-97</u>	
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DATE E	<u>04-01-97</u>	
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ATTACHMENT 3.1-B
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State/Territory: Texas

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): Pregnant Women, Children,
Caretaker Relative

22. Respiratory care services (in accordance with section 1902(e)(9)(A) through (C) of the Act).

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.

STATE <u>Texas</u>	A
DATE RECD <u>06-09-97</u>	
DATE APPLD <u>06-18-97</u>	
DATE EFF <u>06-01-97</u>	
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*Description provided on attachment.

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October 1991

ATTACHMENT 3.1-B
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State/Territory: Texas

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): Pregnant Women, Children,
Caretaker Relative

24. Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary.

a. Transportation.

☒ Provided: ☐ No limitations ☒ With limitations*

b. Services of Christian Science nurses.

☐ Provided: ☐ No limitations ☐ With limitations*

c. Care and services provided in Christian Science sanatoria.

☒ Provided: ☐ No limitations ☒ With limitations*

d. Nursing facility services provided for patients under 21 years of age.

☒ Provided: ☐ No limitations ☒ With limitations*

e. Emergency hospital services.

☒ Provided: ☐ No limitations ☒ With limitations*

f. Personal care services in recipient's home, prescribed in accordance with a plan of treatment and furnished by a qualified person under supervision of a registered nurse.

☒ Provided: ☐ No limitations ☒ With limitations*

TN No. 91-34

Supersedes

Approval Date JAN 14 1992

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TN No. 90-50, Attachment 3.1-A, Pg 8, item 24

STATE	<u>TEXAS</u>
DATE REC'D	<u>DEC 11 1991</u>
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HCFA 179	<u>91-34</u>

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): Pregnant Women, Children, Caretaker Relatives

g. Ambulatory Surgical Center Services.

☒ Provided: ☐ No Limitations ☒ With limitations*

h. Birthing Center Facility Services.

☒ Provided ☐ No Limitations ☒ With limitations*

☐ Not Provided

STATE <u>TX</u>	A
DATE REC'D <u>6-30-87</u>	
DATE APP'D <u>8-14-87</u>	
DATE EFF <u>See HCFA-179</u>	
HCFA 179 <u>87-10</u>	

* Description provided on attachment.

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Supercedes
TN No. 87-3

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